

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

(DSN BOARD/PROVIDER NAME)

STATEMENT OF CONTRACT AWARD

SOLICITATION NUMBER: _____

SOLICATION TITLE: _____

SOLICITATION ISSUE DATE: _____

SUBMISSION DEADLINE: _____

AWARD DATE: _____

Executive Director

(DSN Board/Provider Name)

AWARD(S) ARE MADE TO THE FOLLOWING:

VENDOR: _____

Lot A/Total Price: \$ _____

Start Date: _____

AWARD NOTES:

1. IF PREFERENCE CALCULATIONS DETERMINED THE LOWEST BIDDER, THEN YOU MUST STATE ON THE AWARD DOCUMENT: SC RESIDENT VENDOR PREFERENCES HAVE BEEN APPLIED TO THIS AWARD.
2. USING REGION WILL ISSUE ALL PURCHASE ORDERS FOR THIS CONTRACT.
3. REFER TO ORIGINAL SOLICITATION DOCUMENT FOR APPLICABLE OPTION TO EXTEND REQUIREMENTS.
4. TAX IS NOT INCLUDED IN THIS AWARD. APPLICABLE TAXES MAY BE ADDED TO INVOICE(S).
5. RIGHTS OF PROTEST- ANY PROSPECTIVE BIDDER, OFFEROR, CONTRACTOR OR SUBCONTRACTOR WHO BELIEVES THAT THEY HAVE BEEN AGGRIEVED IN CONNECTION WITH THIS SOLICITATION OR SUBSEQUENT AWARD OF A CONTRACT, SHALL EXERCISE THEIR RIGHT TO PROTEST BEFORE THE PURCHASING BOARD.
6. QUOTES RECEIVED AT LESS THAN THAT OF AWARD WERE REJECTED AS THEY DID NOT MEET ADVERTISTED SPECIFICATIONS OR REQUESTED AND RECEIVED APPROVAL FOR THEIR QUOTE TO BE WITHDRAWN.